



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2016 (mm/dd/yyyy format)

Year End: 09/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

Email Address: wstamper@cameronmch.com

Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19005314
Outpatient Patient Service Revenue	\$108086930
Total Gross Patient Service Revenue	\$127092244

2. Deductions From Revenue

Contractual Allowance	\$62178399
Other Deductions	\$0
Total Deductions	\$62178399

3. Total Operating Revenue

Net Patient Service Revenue	\$64913845
Other Operating Revenue	\$2073343
Total Operating Revenue	\$66987188

4. Operating Expenses

Salaries and Wages	\$22388207	Employee Benefits	\$6697537
Depreciation and Amortization	\$6229916	Interest Expense	\$1697836
Bad Debt	\$7324774	Other Expenses	\$25663035
Total Operating Expenses	\$70001305		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3014117	Total Assets	\$93367204
Net Non-operating Gains over Loss	\$2126797	Total Liabilities	\$93367204

Total Net Gains	\$-887320
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37660881	\$19422385	\$18238496
Medicaid	\$20020663	\$14146327	\$5874336
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$69410700	\$28609687	\$40801013
Total	\$127092244	\$62178399	\$64913845

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$129756	\$0	\$129756

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$30325	\$90273	\$-59948

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	196
Number of Citizens Exposed to Health Education Messages	1439

Statement Six: Charity Statement

Hospital Charity Charges	\$203884
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$95825	
HCI Payments	\$0		
Subtotal	\$0	\$95825	\$-95825
Medicaid Shortfalls	\$5874336	\$9409712	
Subtotal	\$5874336	\$9505537	\$-3631201
DSH Payments	\$0		
Subtotal	\$5874336	\$9505537	\$-3631201
Medicare Shortfalls	\$18238496	\$17700614	
Other Government Programs	\$0	\$0	
Total	\$24112832	\$27206151	\$-3093319

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$30325	\$90273	\$-59948
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$111028	\$-111028
Other Allocations	\$0	\$0	\$0

Comments

//